PAT	ENT APP	LICAT		ETERMINA					~00	MCNUMENT OF DOC	tel Months
			•	m PTO-875	Enec	we Decem	ber 8, 20	OH	10	7/6237	88:
A		ON AS F (Column 1)	ILED - PAI	RT ((Column 2)		 SMJ	ALĹ ENT	ITY	OR	OT SM	HER THAN
FOR	M	JMBER FR	EO	NUMBER EXTRA		-			7	3/4/	ALL ENTIT
BASIC FEE DI CFR 1 18(4) (b) or 6	c))	. NA		N/A		RATE		EE (1).	-	RATE (
SEARCH FEE 137 CFR 1 16(U, 14), or 40		NA		N/A	-	NA		-	┨ .	NA	. 300.
EXAMINATION FEE D7 CFR 1 18(9. (J). or k		NA		N/A	-			250		N/A	\$500
TOTAL CLAIMS 37-CFR 1 16(4)		•		-	-	NA	- 5	100		· NA	\$200
NDEPENDENT CLAS	us .	. •	. 80 •		4	X\$ 25	•	•	OR	X\$50	•
37 CFR 1 15(N))	if the s		00 and dead	ngs exceed 100		X100	•			X200	
PPLICATION SIZE EE 17 CFR 1 16(8))	is \$250	or paper (\$125 fo nal 50 sh	. the applicati If small entity eets of traction	On size fee this				•			
LILETIPLE DEPENDE					7	+180=				+360-	
the difference in coli	umn 1 ès less (han zero.	enter "O" in colu	imo 2		TOTAL			$ \cdot $		·
			DED - PAR			JAIOI	<u> </u>		•	TOTAL	
	·	WAIE 145	JEU - PAR	1 41						÷.	
	(Column 1) CLAIMS		(Column :			SMALL	ENTIT	,	OR	OTHE	R THAN ENTITY
	REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT Y EXTRA	$\ \cdot \ $	RATE (\$)	ADO TION FEE	EAL		RATE (\$)	- ADOI-
Total arcra Liaca Independent arcra Liaca Application Size Fe	62	Minus	65	•	11	X\$ 25 .	1		· .	X\$50	FEER
to che result	13	Minus	13	*	1 /	X100	1	7	~ F	X200	
					E			/ 	OR	, C. C.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=	. /		OR T	+360 -		
	•		•			OTAL DO'L FEE	1		. 1	TOTAL	
	Column 1)		(Column 2)	(Column 3)	- '		7	— '	OR A	voor fee	
12/0/05 R	CLAINS EMAINING AFTER. IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE (S)	ADDI- TIONA FEE (1	L		RATE (\$)	ADOI- TIONAL
Endependent •	رع ا	Minus	65		>	\$ 25 .	1		, T	\$50 .	FEE (5)
637 CFR 1.160.33	10	Minus	13	•	X	100	_			200	-
Application Size Fee		يوري والمنابقة					·	- °	F		
FIRST PRESENTATION	OF MATPLE	DEPENDÉN	TCLASH GTC	FR 1.16@)	L	180=		OF		360=	
if the entry in column I the Thighest Number I the Thighest Number					AD	TAL DL FEE		OR	70	ITAL O'L FEE	
the Highest Number he Highest Number ection of information to process) an applic	Previously.Po	d For Cal	el es ladacead	a loss than 3, onto	(3 .		e appropri	ale box i	n colum	n 1.	·

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete auding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.